

#DalMedForward

STRATEGIC PLAN UPDATE

June 2021

Introduction

2021 marks the completion of the Faculty of Medicine’s strategic plan, #DalMedForward. Although the COVID-19 pandemic created considerable disruption and change in our faculty’s activities over the past 18 months, much has been accomplished over the past five years.



I want to acknowledge the leadership of our executive sponsors on the implementation of #DalMedForward: Dr. Jennifer Hall, Associate Dean, Dalhousie Medicine New Brunswick, who has lead Education; Dr. Roger McLeod, Associate Dean, Research, who has lead Research; and Senior Associate Dean, Dr. Darrell White, and more recently Dr. Gaynor Watson Creed, who have led Serving and Engaging Society. This report provides some highlights and details of our strategic plan goals, success stories, and updates on how things have proceeded with our priority initiatives.

As we move toward the completion of #DalMedForward, I am pleased with the progress and achievements of our faculty over the past five years. This plan has, in part, paved the way for fulfilling our vision to be internationally leading and being responsive to the health needs across the Maritimes. As we reflect on the accomplishments related to #DalMedForward, it is important for us to refocus and look ahead to the next phase of strategic planning, which will begin immediately. In a rapidly changing world and out of the necessity to continue our strong work in medical research, education, and serving and engaging society, there are many opportunities ahead for us to have meaningful impact.

To illustrate our progress with implementation of #DalMedForward, we have colour-coded the priority initiatives for focus areas within each of Research, Education and Serving and Engaging Society, using the legend below. This represents our internal self-assessment of the achievements of #DalMedForward. As always, we highly value and welcome your feedback, which you can send by email to dean.medicine@dal.ca.

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Dean, Faculty of Medicine

The Status of our Priority Initiatives



Research

Goals and Success Stories

1. Enhance our international competitiveness at health research.

- Established and potentially internationally-leading research teams were self-identified during the first two years of this strategic plan. Investments by the Faculty of Medicine and the Dalhousie Medical Research Foundation in the growth and capacity of these teams have successfully brought international and national attention to our research programs. The national leadership of our Infection, Immunity, Inflammation and Vaccinology (I3V) team was clear during the COVID-19 pandemic.
- In the past year, the COVID-19 pandemic has impacted all research in the faculty and the MRDO has been at the forefront of decisions and processes for the shutdown first, in April 2020, and the re-start, in June 2020, of research operations. Anxiety about continuity of research funding has been evident throughout the pandemic, and communication of decisions on a shifting landscape has been challenging. Nevertheless, some of our past decisions have shown to be good ones in these challenging times, including the identification of our strengths in virology, vaccinology, and immunology. Our researchers were able to take advantage of rapid response funding opportunities announced by the federal and local agencies and were able to acquire more than \$14M in funding for COVID-19 research. There was also rapid engagement in COVID-19 related awards and research outputs by several DMNB principal investigators within months of the declaration of the pandemic.
- Graduate student wellness continued to be an important focus in 2020-2021. Graduate student mental health has been recognized as a priority concern for both the Faculty of Medicine and the Faculty of Graduate Studies and substantial effort has been directed toward this. Investments have been made in this area, including faculty-level support for the students by two new graduate student advisors. Student wellness advocacy has also engaged university-level services (Health and Wellness, FGS, Student Affairs) and senior leadership (AVP Student Affairs). A local peer-support network has now been assembled with professional support from the Dalhousie Health and Wellness Centre. We have also responded to the call for greater financial support for graduate students by creating and expanding Faculty of Medicine Scholarships and area-specific scholarships (funded through the Wave process by DMRF). Each year we will see an increase in the number of scholarships awarded (FoM, I3V, Genomics, Cardiovascular Research Group).
- Recruitment has been challenging during the pandemic, but strategies at faculty-level have successfully aligned research strengths with departmental requirements. A Tier 1 Canada Research Chair (CRC) candidate in Functional Genomics has been recruited to Pathology. A Tier 2 CRC candidate recruitment in Human Immunology and Inflammation is now complete in Microbiology & Immunology. Two additional CRCs, one Tier 1 in Community Health and Immunology, one Tier 2 CRC in Family Medicine, were submitted and are awaiting a final decision (anticipated in June 2021). An additional Tier 1 CRC in Psychiatry has been awarded, pending formal announcement. Three of our Wave Teams have received DMRF support for graduate scholarships, fellowships, and professorship in 2020-2021. Faculty recruitments in Pharmacogenomics (Pharmacology), Cardiovascular Research (Physiology &

Biophysics), and Vision Neurophysiology (Physiology & Biophysics, Medical Neuroscience) have also aligned with Wave priorities.

- Our Cardiovascular Research team continues its translational research with a Maritime scope, situated in both Halifax and Saint John. The new recruitment into the Irving Chair in Occupational Medicine in Saint John was completed in 2020-2021.

2. Perform research that improves the health of people in the Maritime region.

- Enhancement in collaborative research is essential for us to achieve our goal to improving the health of the people of the Maritimes. The Faculty of Medicine has been working closely with the Faculty of Health, and provincial health authorities in this area, and members of our team are supporting health priority initiatives that are key to this strategy within Focus Area 2. Space on the fourth and fifth floors of the CHEB have been designated, in part, to support health data research and research led by Indigenous and African Nova Scotian scholars. Two Tier 2 CRCs in Health Economics and Artificial Intelligence and Health recruitments, in Faculty of Health and Computer Science, respectively, are now recruited. We also successfully completed a Tier 1 CRC retention in Interventional Psychiatry, a Tier 2 CRC candidate recruitment in Primary Health Care (Family Medicine) and a Tier 1 CRC candidate recruitment in Health Data Science (Community Health & Epidemiology).
- Our local impact will be evident by joint Maritime research initiatives developed in partnership with other faculties, Maritime health authorities, ministries of health and education, research foundations, and the public and private sector. Alliances have been built, as demonstrated by the joint investment of \$1.5M in COVID-19 Coalition funding in May 2020. This local investment was leveraged to enable more than \$14M in COVID-19 funding. The continued funding of the Maritime SPOR Support Unit was secured in 2021, as a resource for supporting patient oriented research throughout the Maritime provinces.
- Our investigators have been motivated, successful, and actively engaged with faculty support initiatives. Our national grant funding success rates are continually improving, to more than \$72M in 2019-2020 (results pending for 2020-2021). We have invested in renewed Bridge Funding to target mid- and late-career researchers. We have also invested in mentorship, with funding incentives to support the development of early-career investigators. Establishing metrics for success and capture of that data remains a high priority for the future.
- #DalMedForward has generated new levels of collaboration. Work with the OVPRI, Research Services, other faculties, and health authorities' research leaders has bolstered this effort.

Priority Initiative Updates: Research

- Priority Initiative 1.1: Identify relative potential and mobilize.
 - Wave clusters have identified priorities to enhance research success.
 - The teams are working with individual departments synergistically for recruitments.
 - Significant large-scale opportunities have been identified and success is evident.
 - Our funding partners are engaged and supporting Wave initiatives.

- Priority Initiative 1.2: Strengthen infrastructure and supports.
 - Policies are in place for recruitment and leadership appointments respecting diversity and research priorities.
 - Key performance indicators have been identified and tools for data analysis are being implemented (e.g. SciVal, UniWeb).
 - More effective communication strategies are being developed.
 - Targets for protection of research time have been developed and are being assessed in the context of other institutions for adoption in our environment.
 - Enhancement of research supports to faculty (e.g. mentorship, bridge funding), and staff supports, are in place.
 - Changes to CORES access, operations and governance have been instituted.

- Priority Initiative 2.1: Partner to establish focus and momentum.
 - Senior leaders from the university and the health authorities in Nova Scotia and New Brunswick are meeting regularly and are developing collective vision.
 - Lead investigators from Wave teams that work in the application/implementation initiatives are meeting regularly with senior leadership and have developed a strategic approach.
 - Research leadership within the university, philanthropy, and the health authorities have worked together on research priorities (e.g. COVID-19).

- Priority Initiative 2.2: Build capacity in implementation research.
 - A collaborative policy on recruitment and leadership, respecting diversity and strategic directions is in place and has the financial support of the faculty.
 - Research mentorship is recognized as a deliverable in annual faculty evaluations and is supported financially by the faculty.
 - Protected time for research is recognized as an important part of all positions.

#DalMedForward Status as of June 2021

- An assessment process to identify and act on unsuccessful funding requests is in development at the university level; research skills development sessions will be conducted.
- Outcomes research support infrastructure is utilized and is enhancing collaborative activities. MSSU is now used in all Maritime provinces and the renewal of the MSSU funding is complete

Education

Goal and Success Stories

- 1. Building on educational excellence to continue producing excellent undergraduate and graduate scientists and physicians by building on innovative education programs and targeted areas of focus.**
 - Accreditation of the Undergraduate, Postgraduate and Continuing Professional development programs have all occurred during the #DalMedForward Strategic Plan. Each of these Programs were accredited with notations made by the accrediting organizations regarding innovation of programming.
 - In the Continuing Professional Development and Medical Education Accreditation of 2017, exemplary indicators included:
 - The office has a number of initiatives that are innovative and are able to be supported, either through external grants (e.g., Academic Detailing) or funding from within the actual programs (e.g., posters at refresher courses).
 - The CPDME Office has been able to leverage administrative and faculty resources to develop and implement innovative approaches.
 - In the Undergraduate Program Accreditation of 2018, the team submitted positive findings at exit meeting of the site visit:
 - Successful functional integration at an organizational level was evident and supported by a strong IT backbone. We would like to commend both the human factors and the IT backbone in making the integrated campus work.
 - A strong commitment to CQI and innovation
 - Strong leadership and dedication of the Dean as well as the strong engagement of staff and students.
 - In the postgraduate programs, leading practices were noted at the institutional level in:
 - The Clinical Cadaver Program
 - Our program director performance management process
 - The Quality Improvement – Patient Safety Task Force and subsequent Committee work
 - Our socially accountable, data-driven approach to residency program quota assignments using the Nova Scotia Physician Resource Planning-Medical Education Committee
- 2. Medical Education responsive to health needs of the Maritimes.**
 - The Family Medicine Project Charter was developed to address the fact that the 2018 CaRMS match resulted in 25% Dalhousie students matching to Family Medicine, the lowest Match to Family Medicine since before 2004. There was a significant difference in the Family Medicine career selection between the two Dalhousie campuses. At Dalhousie Medicine New Brunswick (DMNB), the match

rate to Family Medicine was 38% but only 9% at Dalhousie Medicine Nova Scotia (DMNS). Subsequent focus group meetings with 2018 graduating students highlighted the lack of exposure to family physicians during training especially at DMNS in the pre-clinical years, the hidden curriculum, and the generally perceived workforce unhappiness as reasons for not choosing the discipline as a career. An initial scan of the literature demonstrates that early positive exposure to family medicine in the UG curriculum can influence student decisions to choose family medicine as a career.

- The project charter introduced strategies and resources to enhance the family medicine exposure to all medical students by facilitating the participation of community family physicians in the undergraduate curriculum, introducing a mandatory family medicine clinical experience for Med 1 students, and reviewing the undergraduate tutorial cases for unintentional negative biases and a stronger focus on generalism. The Family Medicine residency program allocated resources to highlight the features of the family medicine residency program at Dalhousie.
- In the CaRMS match of 2021, there was an overall 44% match to Family Medicine. 46% DMNB matched to family medicine and 43% DMNS matched to family medicine.

3. Leadership through Scholarship in Medical Education to continue to be nationally and internationally recognized for scholarship in education which contributes to the health of the Maritime population and more broadly.

- The grant capture and medical education scholarly output has risen over the strategic plan. With the addition of PhD scientists in medical education, grants in excess of \$1.2M have been realized resulting in over 30 peer reviewed publications. There has been increased scholarly output from both undergraduate students, residents, and faculty.
- Many of the identified priority areas in the strategic plan have been met or partially met throughout the course of #DalMedForward. The resources required to move some of the priority areas forward into the next strategic plan have been identified. These include a more robust and efficient data management system and closer collaboration between the faculty of medicine and health system organizations.
- The COVID-19 pandemic has proven to be an accelerator for innovation in medical education. Faculty, staff, and students have embarked on feedback processes to utilize some of the lessons learned to further enhance the education mandate of the Faculty of Medicine.

Priority Initiative Updates: Education

- Priority Initiative 3.1: Deepen our commitment to continuous improvement.
 - Work continues on the required follow-up to ensure that accreditation standards in the undergraduate program, postgraduate programs and continuing professional development are met. The required LCME/CaCMS UGME follow-up report has been submitted and PGME internal reviews have been completed through the new Continuous Quality Improvement in Postgraduate Education Committee.
 - Over 99% of Dalhousie undergraduate medical students matched in the 2021 CaRMS match and all Dalhousie residency positions were filled.
 - The CPD office has developed "Dal CPD Everywhere and all the time" for asynchronous attainment of CPD credit in response to Covid-19 and the virtual world. Over 2600 programs have been run in the 2019-2020 academic year alone.
 - A record number of applications (over 1200 as of May) have been received for the 120 seats in the BSc MedSci program for the 2020-2021 academic year. BSc MedSci program has nearly 50% out of province enrollment. Students accepted in this program had at least a 95% high school average. Retention into second year remains high at 94%.

- Priority Initiative 3.2: Evolve, focus & transform.
 - Work has started on the Inclusive Pathways to Medical Professions (IPMP) in the BSc MedSci program. This initiative aims to attract, recruit, support, and retain Indigenous and African Nova Scotian students within the BSc MedSci program using a cohort approach. Cohort Advisors, who themselves are representative of our target communities, will oversee wraparound supports developed to overcome the barriers most often faced by students as identified by their respective communities.
 - The Nova Scotia-based Longitudinal Integrated Clerkship (LIC) in Cape Breton and in the South Shore LIC are up and running. This increases the number of LICD sites to six throughout the Maritime which allows for UGME clinical training in communities across the region.
 - Through the development of a reporting structure for residency programs around the amount of time each resident spends outside their base site, we are better able to ensure that we are providing education in the context where trainees will be needed to work following program completion. This work is supported by the new Nova Scotia alternate funding model that requires 10% of departmental resident experiences to be outside of HRM. We are also working to support residents and programs in implementing this policy through advocacy for appropriate local accommodations, and the establishment of local medical education administrators and paid faculty at distributed sites within Nova Scotia. We expect some impact of COVID-19 on these numbers when they are released in the fall of 2021.

- Priority Initiative 3.3: Build capacity for continuous improvement.
 - Education Council has identified the need for a coordinated approach to data collection and analysis to ensure more accurate outcome measures of innovations, and programs in medical education. Work

continues in the undergraduate program through the Assessment Specialist to blueprint and standardize summative exams.

- 98% of the Class of 2021 were successful in the MCCQEI exam.
- Students at both Dalhousie medical school campuses continue to demonstrate comparable outcomes using a variety of performance metrics.

● Priority Initiative 4.1: Engage stakeholders as active partners in our mission.

- Senior leadership continues to meet with key stakeholders in the Maritimes through over 17 working groups and committees that include membership from health authorities, government, and other postsecondary institutions.
- Public health officials, regional health authorities, and provincial governments have worked with the Faculty of Medicine to navigate issues of patient care, resource allocation and continued medical education of medical students, residents and practicing healthcare providers to ensure the continued training and safe delivery of care by physicians through the COVID-19 pandemic.

● Priority Initiative 4.2: Develop capabilities across the education continuum.

- Over 83% of residents describe a good to excellent learning environment at Dalhousie University in the 2021 Voice of the Resident survey.
- CPDME is working on developing and focusing the work of the research unit in a programmatic way. The Director of Medical Education Research is also now the UGME RIM unit head and will be developing scholarly activity around this unique program to garner national and international attention.
- CPDME has developed anti-racism material, a fundamentals of teaching course targeting creating a healthy learning environment, and Black Lives Matter webpage for education of students, staff, faculty and available to the public as well. Work is ongoing in developing a Teaching Certificate course which will start enrollment in 2021-22.

● Priority Initiative 4.3: Develop leaders in innovation and engagement.

- CPDME has facilitated the development of numerous online programs to help faculty adapt to virtual care of patients and education of medical learners.
- More faculty from distributed sites, including DMNB, have been engaged to take on key roles in the delivery of the medical school curriculum.
- Family physician involvement in the undergraduate curriculum has increased with more tutors and curriculum leaders arising from faculty within this discipline.
- The postgraduate programs continue to roll out the competency based medical education curricula as directed by the RCPSC with 12 programs launched in July 2020.

- Priority Initiative 5.1: Focus on education research and other scholarly work
 - Grant funding CPDME has increased to over \$1.2M
 - Living Lab grants were awarded to several faculty members and teams.
 - The Community Hospital CME program that has been so successful in Nova Scotia is being expanded to include service across the Maritimes and has gone online to respond to the COVID-19 pandemic. This program is partnering with stakeholders in New Brunswick and will begin to include francophone sessions and translated sessions for francophone physicians in 2021-22.

- Priority Initiative 5.2: Build capacity for education research and continuously improve.
 - Authors of Dalhousie medical education research projects were again encouraged to submit for presentation at CCME 2021. This resulted in the presentation of 12 oral presentations, four workshops, and nine posters at CCME 2020 by Dalhousie faculty and students.
 - Scholarly presentations by residents in postgraduate programs increased by 14%.
 - Our partnership with Acadia University to offer a Master of Education in Curriculum for Health Professionals continues to be a strength. Of note, the number of candidates who are opting to pursue a thesis-based degree is steadily increasing, building local education research/scholarship capacity.

Serving & Engaging Society

Goal and Success Stories

1. Building on educational excellence to continue producing excellent undergraduate and graduate scientists and physicians by building on innovative education programs and targeted areas of focus.

- We will catalyze systems change to improve health outcomes at patient and population levels. To improve health outcomes, our partnering with communities will include engagement of diverse and underrepresented voices. As the medical school of the Maritimes, we aim to reflect the diversity of our population in our graduates. We have known for some time that certain populations have been underrepresented at Dalhousie, as is the case nationally, and we have worked with our partners to improve this. We are committed to the principles of creating inclusion and diversity broadly. Our emerging mission, as the portfolio has evolved, is as follows:

Dalhousie will be recognizable as a Faculty of Medicine where systems changes are managed with confidence, and where partnerships with communities flourish in an atmosphere of anti-oppression.

- We have had continued success in increasing the number of students with African ancestry, with a focus on the historic population of African Nova Scotians, through the tireless and ongoing work of PLANS (Promoting Leadership in health for African Nova Scotians). Although in-person events were not available to us in 2020, PLANS continued engagements with junior high and high school students on-line, and through efforts and policy in admissions education equity.
- We have intensified our efforts to increase the number of enrolled students with Indigenous heritage, in particular by supporting the efforts of the Admissions program in attracting and admitting Indigenous candidates. We have continued to participate in the ongoing dialogue with the Mi'kmaw Kina'matnewey (MK) Education Authority and will participate in the review of this past year's admission results and successes. We have also supported this year the development of the cohort of Mi'kmaq students within the BSc Medical Sciences program.
- Additionally, 2020 marked the first full year of our participation in a new partnership with Acadian communities, supported by the Department of Labour and Advanced Education. This initiative saw us hire a program coordinator through whom our relationship with Acadian communities is deepening.
- While these successes are indicative of the strong foundation upon which Serving and Engaging Society was built, 2020 also saw SES take on several new and exciting challenges. The advent of the pandemic allowed us to crystallize our growing relationship with the McEachen Institute for Policy and Governance by collaborating with them to host several policy-focused events examining the Nova Scotia and Atlantic Canada response to the COVID-19 crisis. The events included closed-door debriefs with senior government officials and included the provision of a policy brief (publicly available) to those officials and others who attended or who were interested. We look forward to expanding on this in

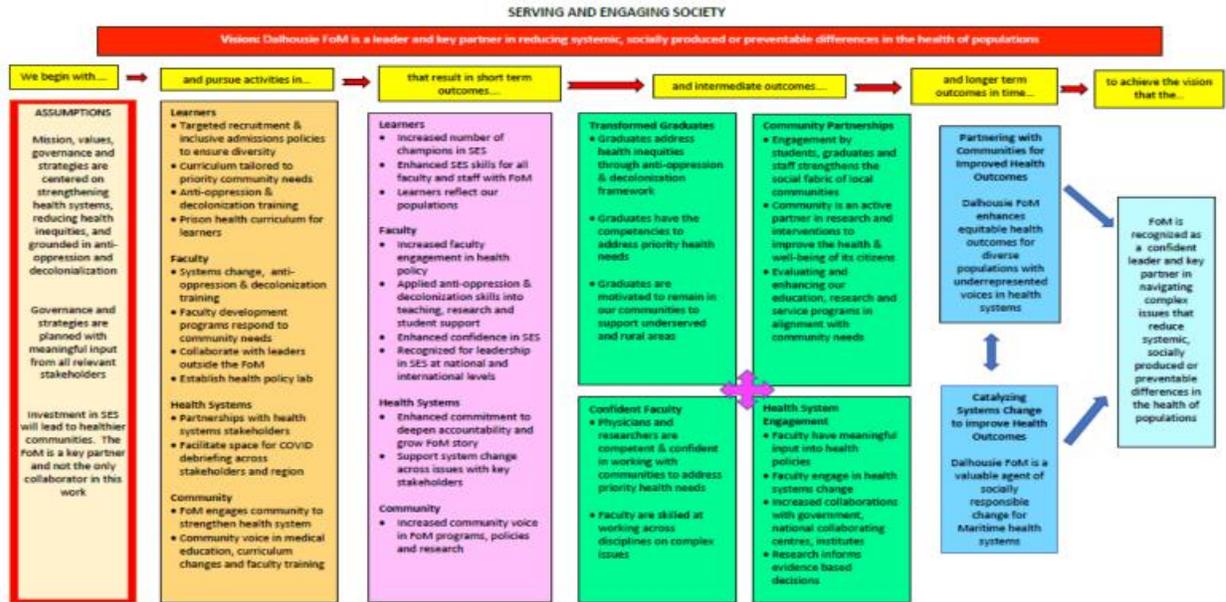
2021, by building on our current model and adding in more processes and structures designed to attract and hold complex dialogues regarding systems-level issues.

- 2020 also saw, with the advent of #BlackLivesMatter, a laser focus on Anti-Racism work emerge within the Faculty of Medicine. This focus has resulted in the creation of an Anti-Oppression Sub Committee of the Social Accountability Committee, and the development of partnerships with key faculty from other Faculties. In addition, the portfolio has partnered even more fulsomely with Dr. OmiSoore Dryden to support her efforts and work regarding the national Black Health Education Collaborative and has taken on the task of reviewing EDI content related to the undergraduate curriculum as part of this year's Curriculum Refresh project hosted by Undergraduate Medical Education. The anti-racism work within SES is actively being broadened to encompass all forms of discrimination and oppression, and so with that in mind the portfolio is additionally partnering with the National Collaborating Centre for Determinants of Health (NCCDH; St. Francis Xavier University) to adopt their framework for becoming an anti-racist organization for the Faculty of Medicine.

2. Building on educational excellence to continue producing excellent undergraduate and graduate scientists and physicians by building on innovative education programs and targeted areas of focus.

- The Director, Global Health Office, and the Global Health Office team have been critical in initiating, supporting, and enhancing partnerships related to the Partnering with Communities work. It is envisioned that a similar leadership role for the Catalyzing Systems Change focus area will be needed to create and maintain the new partnerships, structures, processes, and business arrangements that are inherent to the faculty becoming an effective systems change agent.
- The Partnering with Communities work will focus in this next year on supporting the building of policies and processes regarding faculty, staff, and learner conduct with respect to oppression, reframing of anti-oppression evaluative tools for divisions and departments, and increasing capacity regarding homophobia, sexism, ageism, ableism, and other forms of oppression.
- A Logic Model for the Serving and Engaging Society portfolio was created in 2019 and enhanced in 2020 (Figure 1). This represents a significant planning document, as it has outlined the necessary inputs for achieving the desired goals and is demonstrating the ways in which the goals for the SES portfolio are now being met. In future years, it is anticipated that this document will provide the foundation for both budget submissions and monitoring/key performance indicators for the Serving and Engaging work within the Faculty of Medicine.
- Finally, as the portfolio has developed, the initial goals of the FoM Strategic Plan of 2015 have been reviewed. It is becoming increasingly apparent that a goal of "improving health outcomes" may be beyond the Faculty of Medicine's capacity to achieve. However, a goal of helping to create improved and more responsive health systems is well within the faculty's means to influence, through the work of SES, and, of course, other portfolios. Future efforts will concentrate more specifically on this as an organizing direction.

Figure 1. Serving and Engaging Society Logic Model



Priority Initiative Updates – Serving & Engaging Society

● Priority Initiatives 6.1: Take stock and get beyond concepts.

- In 2020, Serving and Engaging Society has continued to pursue relationships with several other agencies such as the McMaster Health Forum to gain insights as to how to create a faculty that is ready for systems change.

● Priority Initiative 6.2: Partnering and challenging the status quo.

- Solid partnership with McEachen Institute, resulting in several policy-focused forums (4) in 2020/2021
 - Policy briefs created for senior decision makers.
 - Learners participated in these events.
 - Public and media participation was included in these events.
- FoM will participate in McEachen birthday celebrations in July 2021.
- Deepening relationship with McMaster with A/Dean now sitting on one of their policy development research panels (COVID-19).

● Priority Initiatives 6.3: Enhancing our own capacity.

- The McGill Institute for Health and Social Policy is being identified as another exemplar from which we will seek to learn how to improve our own capacity to host complex systems change opportunities.
- The addition of resources and skills related to policy analysis and policy navigation is being explored, as this skill set is being recognized as a missing ingredient within the focus area.

● Priority Initiative 7.1: Take Stock and Get Beyond Concepts

- A revamped Social Accountability Committee is taking on a broader governance role and is also exploring issues related to specific high-risk groups (e.g. prison populations, seniors).
- Equity, Diversity and Inclusion work has been reframed to encompass a broader anti-oppression lens.
 - The creation of the Anti-Oppression Sub Committee (AOSC) of Social Accountability has been a major enabler of anti-oppression work within the faculty.
- Several rounds and other educational content have been supported, developed, and delivered within the portfolio, based on anti-oppression as the framing.
 - Support to the Black Health Education Collaborative under the leadership of Dr. Dryden and Dr. Onye Nnorom (University of Toronto); included delivery of national content modules to the Medical Council of Canada, College of Family Physicians of Canada, and Royal College of Physicians and Surgeons of Canada
 - Content delivery by Dr. Dryden, Dr. Watson-Creed, and Dr. Ajay Parasram (Faculty of Arts)
 - Development and delivery of White Fragility Clinic sessions

- Priority Initiatives 7.2: Partnering with communities to challenge the status quo.
 - Continued exploration of collaborations with the Mi'kmaq community through the Mi'kmaq Kina'matnewey Education Authority and the Mi'kmaq Health and Wellness Authority.
 - Focus on supporting Admissions on focus on Indigenous applicants.
 - Exploring partnership with U of T on mapping of diversity
 - Anti-Oppression Sub Committee led the EDI portion of Curriculum Renewal project
 - Includes community consultation component (upcoming 2021)
 - Several recommendations have been prepared for implementation 2022.
 - New partners including:
 - National Collaborating Centre for Determinants of Health (NCCDH; St. Francis Xavier University)
 - new structures on upper campus (office of VP and Provost, EDI)
 - Faculty of Arts
 - School of Social Work
 - Supported the hosting of the Dean's Retreat in the Fall of 2020, which focused on "Equity Diversity and Inclusion" and included a broad discussion hosted by Dr. OmiSoore Dryden regarding racism in medicine, and the path towards dismantling it. WE continue to support these efforts as outlined above.

- Priority Initiative 7.3: Enhance our own capacity.
 - **Many new partners internally:** Divisions and Departments; CPDME
 - High demand for EDI initiatives – responding as we can.
 - "Training" (microaggression/invalidation).
 - Approaches to hiring/recruitment.
 - Effective "allyship."
 - Three-four part professional development approach: 1) anti-oppression 101; 2) Critical Race Theory 101 3) White Fragility Clinic resilience-building sessions 4) coaching opportunities.
 - Supporting student-led initiatives in this regard.
 - Expect to expand beyond racism to other forms of oppression in 2022.
 - Participating in studies conducted by internal and external researchers where appropriate.
 - Development and implementation of proposal regarding a 6-point framework for anti-oppression work with NCCDH